

nurturing their own “health-enabling community,” Campbell writes, information and motivation alone will be insufficient to ensure behavioral change.

The book reports the outcomes of Campbell’s multiyear evaluation of an HIV project in a South African mining town. The town is an archetype of the sort of environment in which the epidemic has thrived; it has 100,000 permanent residents, 70,000 migrants who work in the mines, and 2000 commercial sex workers. At the project’s outset, 69 percent of the sex workers, 22 percent of the miners, and 8 percent of the town’s 15-year-old girls were HIV-positive. Designed to address both medical and social issues, the project aimed to reach these key groups by promoting peer education, which was a program to train members of a given community to motivate their peers to change the collective norms that endangered their health.

The project never worked as hoped. Among sex workers, peer education succeeded in raising HIV awareness and in increasing the women’s willingness to practice safer sex. But this progress was of little use to the women if their clients continued to resist using condoms. As one sex worker remarked, “We don’t have the power to enforce such decisions.” Those who had more power — mainly miners — remained trapped in a mind-set of fatalism and machismo because both their managers and their union declined to put any effort into peer education. Although young people embraced peer education more readily, their efforts were stymied by the repressive rules of their schools and community, where few adults were willing to tolerate an open discussion of sex. As a result, pernicious peer pressure went unchecked, notably among boys who ridiculed one another both for abstinence and for condom use.

In other words, a genuine attempt at change by some groups was thwarted by larger social strictures. It is telling that the anarchic environment of sex work proved to be a more congenial context for change than did the regulated settings of mines and schools, in which a rigid conception of roles blocked new ways of thinking from taking root. Leaders in industry and education largely saw the problem as one of personal behavior and failed to take responsibility for the role that their own institutions could play in enabling or obstructing individual change. This patronizing approach was mirrored in the project’s management, which was led by a remote committee of medical and mining profes-

sionals, who did little to encourage the participation of sex workers, young people, or miners. This is symptomatic of a wider tendency among those involved in AIDS projects and other projects to treat people as discrete targets for intervention rather than as agents of their own development.

Through this close study, Campbell demonstrates persuasively that programs to prevent HIV infection and AIDS must cultivate change among separate groups and not just within them — especially in situations in which the social and economic forces dividing people are precisely the same forces that increase their shared risk of HIV infection. This means that all members of the relevant community must have a meaningful role in designing and executing the project since they have the fullest understanding of local conditions and constraints.

“*Letting Them Die*” offers a signal example of why Campbell is considered one of the foremost researchers on HIV and AIDS. It is trenchant, troubling, meticulously reasoned, and compellingly written — the forthright account of sex workers’ lives rivals the most harrowing war memoir. The book also offers vital lessons that, unfortunately, will prove to be increasingly relevant far beyond Africa as the tide of the epidemic swells.

Keith E. Hansen, M.P.A., J.D.

World Bank
Washington, DC 20433
khansen@worldbank.org

THE AIDS PANDEMIC: COMPLACENCY, INJUSTICE, AND UNFULFILLED EXPECTATIONS

(Studies in Social Medicine.) By Lawrence O. Gostin. 445 pp., illustrated. Chapel Hill, University of North Carolina Press, 2004. \$34.95. ISBN 0-8078-2830-0.

LAWRENCE O. GOSTIN NOTES IN HIS NEW book, *The AIDS Pandemic*, that AIDS has provoked more legislation and litigation than any other disease in modern history. As evidenced by this compilation of previously published essays, it would be equally true to say that Gostin has done more than any other scholar to illuminate the legal issues concerning AIDS.

What is particularly striking about the book is how well it demonstrates the complex interaction between sociopolitical forces and the law. This is

best illustrated by the handling of health care workers in the United States who are infected with the human immunodeficiency virus (HIV).

In 1990, a cluster of six cases of HIV-infection was linked to a Florida dentist. In response, the Centers for Disease Control and Prevention (CDC) recommended that health care workers infected with HIV (or infected with hepatitis B and with serologic evidence of hepatitis B e antigen) obtain approval from an expert panel and inform their patients of their serologic status before engaging in "exposure-prone procedures." Although the CDC had the power only to recommend this action, Congress mandated that states follow the CDC's guidance, and the courts have upheld the reassignment of infected health care workers.

The reaction to the Florida cases was extreme, for several reasons. The method by which HIV was transmitted in the dental cluster was never established. No other cases of transmission from health care workers to patients were known at that time. Having to notify patients of one's serologic status before a procedure constitutes a violation of the privacy of the health care worker and effectively makes it impossible for practitioners to continue performing procedures, thereby violating their rights under the Americans with Disabilities Act. Prior well-documented instances of problems among health care workers (e.g., substance use and incompetence) that led to serious outcomes for patients had not resulted in such intrusive measures against an entire profession.

Many health care workers also felt that society had created a double standard. Multiple cases of health care workers' becoming infected from treating their patients had been documented, and the courts had correctly ruled that health care workers could not discriminate against HIV-infected patients. Although almost all health care workers would acknowledge that their profession requires them to take on risks that the average person would not choose to take (e.g., caring for persons with a communicable disease during an epidemic), many felt that it was unfair that they were required to put themselves at risk of infection through a well-documented mode of transmission from their patients, but patients could not be put at risk for a rare and undocumented mode of transmission from health care workers.

Although extreme, the initial response to the Florida case can be forgiven. Highly active antiretroviral therapy for HIV and AIDS was not available

until 1996, and acquiring HIV during the early 1990s was felt to be the equivalent of a death sentence. To some, the uncertainty about how the transmission occurred in Florida argued for the need for broad prohibitions.

What is unforgivable, as detailed by Gostin, is that the CDC recommendation and the laws that support it have not been changed more than a decade later, despite the acquisition of new data. Exhaustive investigations of the patients of HIV-infected physicians, including those who perform invasive procedures, have not detected a single additional infection.

The reasons that the rules governing health care workers have not changed are social and political. Whether appropriately or not, most people want to know whether their physician is infected with HIV, and politicians are unwilling to change a law that enjoys wide support, however discriminatory it may be.

Throughout the book, Gostin appropriately advocates the objective determination of laws, policies, and interventions for disease prevention, with consideration of the underlying issues of civil and human rights. And each of his essays, on topics as disparate as partner notification, immigration policy, and aid to the underdeveloped world, fulfills this standard. It is for that reason that I found myself more disheartened after reading the book. I had not fully appreciated how large the gap is between our AIDS policies and what they should be.

Mitchell H. Katz, M.D.

San Francisco Department of Public Health
San Francisco, CA 94102
mitch.katz@sfdph.org

OPIOIDS AND PAIN RELIEF: A HISTORICAL PERSPECTIVE

(Progress in Pain Research and Management. Vol. 25.)
Edited by Marcia L. Meldrum. 222 pp., illustrated. Seattle,
International Association for the Study of Pain Press, 2003. \$68.
ISBN 0-931092-47-7.

THIS BOOK IS A COLLECTION OF LECTURES given at a two-day symposium in 2002 with the intriguing theme "Opioids, the Janus Drugs, and the Relief of Pain." Janus, the dual-faced Roman god, was chosen to symbolize the promise and problem that opioids represent for both users and practitioners. As editor Marcia Meldrum points out